

# MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM



## 2006-07 REQUEST FOR PROPOSALS TECHNICAL COMPLIANCE REVIEW

**Applicant:**

**Adult:** ☐ **Juvenile:** ☐

**Project Title:**

**Funds Requested: \$**

ISSUE	COMPLIANCE	
	YES	NO
<b>Applicant Information (Section I)</b>		
• Application includes all requested contact information	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordinated Planning Process (Section IV)</b>		
• Proposal indicates that required individuals participated in planning process	<input type="checkbox"/>	<input type="checkbox"/>
• Proposal identifies participants by name, title and agency/organization	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fiscal Requirements (Section VI)</b>		
• Requested funds meet cap requirement	<input type="checkbox"/>	<input type="checkbox"/>
• Budget line items add up to grant funds requested	<input type="checkbox"/>	<input type="checkbox"/>
• Budget includes required 25% match	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proposal Submission and Format</b>		
• Proposal submitted by due date (one original and six copies)	<input type="checkbox"/>	<input type="checkbox"/>
• Proposal is written in minimum 12-point font size	<input type="checkbox"/>	<input type="checkbox"/>
• Proposal meets page limitation requirement	<input type="checkbox"/>	<input type="checkbox"/>
<b>Priority Consideration (Section VII)</b>		
• Applicant is eligible for preference points	<input type="checkbox"/>	<input type="checkbox"/>

**Field Representative:**

**Date of Review:**

**Comments:**